

REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/762,912
Filing Date	1/22/2004
First Named Inventor	LINSKY
Art Unit	
Examiner Name	
Attorney Docket Number	22-0006C / 20T-029-CON

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

SIGNATURE of Applicant or Assignee of Record

Name

Connie N. Thousand, Patent Counsel, Northrop Grumman Corporation

Signature

Connie N. Thousand

Date

3-9-04

Telephone

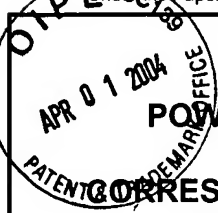
310-813-1550

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 <p>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</p>	Application Number	10/762,912
	Filing Date	1/22/2004
	First Named Inventor	LINSKY
	Title	GATED POWER TIME DIVISION DOWNLINK FOR A PROCESSING
	Art Unit	
	Examiner Name	
	Attorney Dkt Number	22-0006C / 20T-029-CON

I hereby appoint:

☒ Practitioners at Customer Number:

23400

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

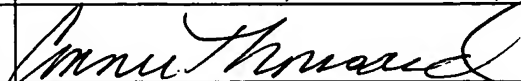
I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Connie N. Thousand, Patent Counsel, Northrop Grumman Corporation

Signature



Date

3-9-04

Telephone

310-813-1550

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

STATEMENT UNDER 37 CFR 3.73(b)

22-0006C / 20T-029-CON

Applicant/Patent Owner: **Northrop Grumman Corporation**

Application No./Patent No. **10/762,912**

Filed/Issue Date: **1/22/2004**

Entitled: **GATED POWER TIME DIVISION DOWNLINK FOR A PROCESSING SATELLITE**

Northrop Grumman Corporation, a
(Name of Assignee)

Corporation,
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- ☒ the assignee of the entire right, title, and interest; or
- ☐ an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: **Inventor(s) of the above patent application** To: **TRW Inc.**
The document was recorded in the United States Patent and Trademark Office at Reel **9837**, Frame **0906**, or for which a copy thereof is attached.

2. From: **TRW Inc.** To: **Northrop Grumman Corporation**
The document was recorded in the United States Patent and Trademark Office at Reel **013751**, Frame **0849**, or for which a copy thereof is attached.

3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) if authorized to act on behalf of the assignee.

3-9-04
Date

310-813-1550
Telephone Number

Connie N. Thousand

Typed or printed name

Connie N. Thousand
Signature

Patent Counsel, Northrop Grumman Corporation


Title

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/762,912
	Filing Date	1/22/2004
	First Named Inventor	LINSKY
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	22-0006C / 20T-029-CON

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Statement under 37 CFR 3.73(b)</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz & Bethards, PLC
Signature	
Date	April 1, 2004